



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  CENTRAL TEXAS MEDICAL CENTER LAW OFFICES OF P MATTHEW ONEIL 6514 MCNEIL ROAD UNIT 1 SUITE 200 AUSTIN TX 78729	MFDR Tracking #: M4-08-7305-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  NEW HAMPSHIRE INSURANCE CO Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

**Requestor's Position Summary:** "As set forth in the attached billing and records, the claimant in this case was to the emergency room of Central Texas Medical Center (CTMC). As set forth in the attached hospital notes, the hospital had no idea that the injuries for which the claimant was admitted were work related." "Rather, at admission the patient indicated to the hospital that the medical claim should be treated as self pay, not workers compensation. As a result of the hospital having no idea or notification that the services were work related, the hospital billed the patient directly on numerous occasions. It was only months, January of 2008, that the hospital learned the claim may be work related. At this time, AIG was immediately billed for the services. AIG responded requesting additional information, which was provided. It was then not until months later in July of 2008 that AIG denied the claim alleging the same was not timely filed."

**Principal Documentation:**

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Total Amount Sought - \$1,293.00

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

**Respondent's Position Summary:** "AIG did not reimburse Central Texas Medical Center the \$\$1,293.00 billed as the statement was not sent to the carrier within the 95 day period required by Sec. 408.027 of the Texas Labor Code. The requestor has not shown the circumstances for late submission meet the requirements of the exemption found in Sec. 408.0272(b) of the Labor Code." "AIG asks that you find the requestor is due no reimbursement for this date of service." [sic]

**Principal Documentation:**

1. Response Package

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
8/3/2007	Outpatient Emergency Room Services	Not Applicable	\$1,293.00	\$0.00
			<b>Total Due:</b>	<b>\$0.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. Texas Labor Code §408.0272(b), titled *CERTAIN EXCEPTIONS FOR UNTIMELY SUBMISSION OF CLAIM*, effective September 1, 2005, provides exceptions to the 95 day deadline for filing a medical claim to the insurance carrier.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated 7/2/2008
  - 29 –The time limit for filing has expired.
  - W1-Workers Compensation State Fee Schedule Adjustment.

## **Issues**

1. Did the requestor submit documentation to support the disputed bill qualified for an exception provided in Texas Labor Code §408.0272(b)?

## **Findings**

1. Texas Labor Code, Section 408.0272(b), titled *CERTAIN EXCEPTIONS FOR UNTIMELY SUBMISSION OF CLAIM*, effective September 1, 2005, states "(b) Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider."

The requestor states in their position summary that "Rather, at admission the patient indicated to the hospital that the medical claim should be treated as self pay, not workers compensation. As a result of the hospital having no idea or notification that the services were work related, the hospital billed the patient directly on numerous occasions. It was only months, January of 2008, that the hospital learned the claim may be work related. At this time, AIG was immediately billed for the services. AIG responded requesting additional information, which was provided. It was then not until months later in July of 2008 that AIG denied the claim alleging the same was not timely filed."

Division finds that the requestor has forfeited the right to reimbursement because the circumstances for late submission of the medical bill do not meet the requirements of Texas Labor Code §408.0272(b). As a result, the amount ordered is \$0.00.

## **Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

**July 23, 2010**

\_\_\_\_\_  
Date

## PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**